

EXECUTIVE SUMMARY
Missouri Mental Health Commission Meeting
Department of Mental Health
1706 East Elm Street—Conference Rooms A/B
Jefferson City, MO 65101
September 10, 2009

PRESENT

Beth Viviano
Patricia Bolster, M.D.
Kathy Carter
David Vlach, M.D.
Dennis Tesreau
Joann Leykam

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, ADA Director
Bernie Simons, DD Director
Dr. Joe Parks, CPS Director
Monica Hoy, Director's Office
Bob Bax, Director's Office
Brent McGinty, Administration
Jan Heckemeyer, DMH Administration
Judy Finnegan, Office of Child MH
Pam Leyhe, Director's Office
Diane McFarland, Transformation
Leigh Gibson, Office of Consumer Safety
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
Benton Goon, MIMH
Rikki Wright, General Counsel
Virginia Rowe-Pearson, ITSD Director

GUESTS

Debra Walker, Director's Office
Stephanie Winslow, Deaf Services
Vickie Epple, Office of Transformation
Vicki Schollmeyer, Administration
Jacque Christmas, Fatality Review Brd.
Debbie McBaine, Division of ADA
Angie Stuckenschneider, Division of ADA
Laurie Epple, Division of ADA
Brooke Mayfield, DMH Investigations
Laine Young-Walker, Division of CPS
Rosie Anderson-Harper, Division of CPS
Rita McElhany, Division of CPS
Susan Pritchard-Green, MO PCDD
Ruth Thompson, NAMI of MO
Joann Noll, MO PCDD
Danny Wedding, MIMH
Stephanie Briscoe, MO PCDD
Mary Sullivan, Community Opportunities
Susan Mudd, Community Opportunities
Terry Combs, MO Coalition/DD
Molly Boeckmann, OA Budget & Plng
Pam Guiling, Senate Appropriations
Marilyn Nolan, MOANCOR
Tim Swinfard, MO CMHC
Greg Kramer, MARF, St. Louis
Wendy Sullivan, Life Skills

Peg Capo, DDRB of St. Charles County
Erica Leonard, MARF
Rachelle Glavin, MO CMHC
Ann Mattingly, Bristol Meyers-Squibb
Becky Blackwell, Judevine
Mark Utterback, MHA-Eastern MO
Mark Jones, AFSCME

TOPIC/ISSUE	DISCUSSION
<p>CALL TO ORDER/ INTRODUCTIONS</p> <p>APPROVAL OF MINUTES</p> <p>OPEN DISCUSSION</p>	<ul style="list-style-type: none"> Beth Viviano, Chair, called the Missouri Mental Health Commission Meeting to order at 9:00 a.m. on September 10, 2009. The meeting was held at Department of Mental Health, Conference Room B, 1706 East Elm Street, Jefferson City, Missouri. Introductions were made. Kathy Carter made a motion to approve the Minutes of the August 13, 2009 Mental Health Commission Meeting. Dennis Tesreau seconded the motion and the Minutes were approved. Beth noted the program aired on the ABC show, “Primetime” that highlighted the positive results of work done with youth within the Missouri Division of Youth Services in the Department of Social Services. Bob Bax shared that the Autism Spectrum Disorder Interim Committee in the Missouri House of Representatives will meet on September 15 at 12:00 noon.
<p>DIVISION UPDATES</p>	<p>Bernie Simons reported on the Division of Developmental Disabilities:</p> <ul style="list-style-type: none"> Bernie provided a handout and explained the process and status of the conversion of St. Louis DDTC and Marshall Habilitation Center to the Community Based Waiver. <p>Dr. Joe Parks reported on the Division of Comprehensive Psychiatric Services:</p> <ul style="list-style-type: none"> The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently completed surveys at Fulton State Hospital, the Center for Behavioral Medicine (formerly Western MO Mental Health Center), Hawthorn Children’s Psychiatric Hospital, Metropolitan St. Louis Psychiatric Center, St. Louis Psychiatric Rehab Center, and Southeast Missouri Mental Health Center. All the facilities received good results. The CPS Division has completed a program realignment at Southwest Missouri Mental Health Center at Nevada. As a result of a joint DMH/Pathways partnership, eight consumers have been moved from inpatient intermediate care onsite at El Dorado to a residential site at Nevada. DMH staff provides 24/7 supervision and Pathways provides community integration and treatment components within the community, resulting in certain costs being covered through MO HealthNet and Medicare. <p>Mark Stringer reported on the Division of Alcohol and Drug Abuse:</p> <ul style="list-style-type: none"> The division has been working to make services more compatible with physical healthcare. Some activities at the federal level help to support that effort: <ul style="list-style-type: none"> The JCAHO recently posted proposed measures for incorporating Screening, Brief Intervention, Referral and Treatment (SBIRT) in inpatient hospital care settings, which will greatly improve physical and treatment services if those become part of the Joint Commission Standards.

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	<ul style="list-style-type: none"> ○ The National Quality Forum has published consensus standards for treatment in a variety of physical healthcare endeavors such as diabetes and cardiac care and have added fourteen measures for substance abuse treatment. One of the standards is incorporation of pharmacotherapy in addiction treatment. Because of the work done in Missouri in pharmacotherapy, the ADA Division has been asked to come to one of two federal regional meetings in Philadelphia to present on how they have incorporated medication-assisted treatment in Missouri's substance abuse treatment system. ○ The new national Drug Czar is a former Seattle Police Chief who visited St. Louis last week and conducted a round table event and press conference to kick off the anti-Meth campaign. Mark was invited to be part of that round table, along with law enforcement officials and other substance abuse treatment professionals. Mark shared that each person at the round table expressed the need for prevention, education, and treatment, along with more aggressive law enforcement. The Drug Czar had positive remarks for Missouri's work in those areas. ○ The division just finished their Annual Synar Tobacco Sampling Exercise that measures retailer compliance with tobacco sales laws. This year the noncompliance rate was 7.5 percent which is well below the 20 percent noncompliance rate that would impact the risk of losing a portion of the Substance Abuse Prevention and Treatment Block Grant funding. ADA is contracting with the Missouri Division of Alcohol and Tobacco Control to do more tobacco visits this year. ● The Governor will sign a proclamation on September 23rd proclaiming September as Recovery Month. ● Angie Stuckenschneider, Prevention Director for the division, shared information about the <i>Children and Nature Challenge</i> that is an initiative with which First Lady Georganne Nixon is working. This initiative focuses on getting children outdoors to utilize state parks and resources to promote healthy families and lifestyles. Missouri ADA is one of several state agencies working to promote healthy behaviors and lifestyles free of drugs and addictions. <p>Judy Finnegan reported on the Office of Child Mental Health:</p> <ul style="list-style-type: none"> ● Judy provided a chart showing activities within the Office of Child Mental Health. She announced that Kristi Scoville was recently hired as the System of Care Program Coordinator and brings much expertise to that position. ● System of Care is the children's component of the Transformation initiative. ● Judy explained the involvement of the Office of Child Mental Health in the external groups on the chart and their involvement in other state agencies, organizations, committees, and entities. ● She explained the status of the four federal System of Care Grant projects. <ul style="list-style-type: none"> ○ <i>St. Charles</i> has sustained through the efforts of their children's tax. ○ <i>Southwest Missouri</i> is no longer SAMHSA funded, but are working on sustaining what was originally developed. ○ SAMHSA funding for <i>Transitions</i> in St. Louis for children in state custody ends in September, however, they have a year of carryover in which they will work on sustainability. ○ The <i>St. Joseph</i> site is in the middle of their grant period and will continue work on sustainability. ● She noted they are looking at unfunded sites to bring together entities to expand System of Care.

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	<ul style="list-style-type: none"> • The Office of Child MH supports the school mental health approach through work with the Department of Elementary and Secondary Education on intervention through CPS/community mental health centers/local school partnerships and DMH positive social and emotional development of children through Transformation and Bright Futures. <p>Diane McFarland reported on the Office of Transformation:</p> <ul style="list-style-type: none"> • SAMHSA officials conducted a site visit in August, during which they focused on the Consumer, Family and Youth Voice, and Integrated Care. They attended the Consumer, Family and Youth Conference at Tan-Tar-A and met with a representative group of consumers, families, and youth, with very good feedback. The SAMHSA staff expressed a concern for sustainability. Diane shared that there is a need to better communicate that work is underway on plans for sustainability. With regard to Integration, feedback indicated Missouri is far ahead in that area. • Transformation is hosting the Healthy Ideas Forum at Columbia, which is depression prevention and intervention for older adults and was planned by the Mental Health and Aging Work Group. Their goal is to get enough interest to support training for depression treatment. • Mental Health First Aid—the new MHFA USA Manual and training kit have gone to the publisher for printing. There are currently 50 trained instructors in Missouri that will be updated with this new material. • The Transformation Working Group (TWG) is working to draft an RFP to promote Creating Communities of Hope to expand prevention to mental health and developmental disabilities issues. The RFP will be released in October. • The TWG established a six-month study group to focus on data to eliminate specific cultural disparities regarding mental health services. Key priority recommendations from that study will then be presented to the full TWG.
<p>MISSOURI'S MULTI-MODAL APPROACH TO INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE</p>	<p>Dr. Joe Parks introduced Tim Swinfard and gave background on their presentation today.</p> <ul style="list-style-type: none"> • Their goal is to attain integration of primary healthcare and behavioral healthcare using several approaches. • Studies show people we serve in public mental health systems die 25 years younger than the general population. • Principles upon which healthcare integration is based: <ul style="list-style-type: none"> ○ Physical healthcare is a core service for persons with Serious Mental Illness (SMI). ○ A primary responsibility is to ensure access to preventive healthcare/management of medical care. • Strategies to accomplish integrated healthcare: <ul style="list-style-type: none"> ○ Coordination of care through electronic health records and care management. ○ Medical disease management for persons with SMI. ○ Co-Location/Integration of primary care and behavioral healthcare. ○ Behavioral healthcare interventions for medical risks such as obesity, smoking, screening for prevention/treatment. • MO HealthNet has implemented the use of an integrated data repository called CyberAccess™ for various medical records and claims. • Current features of CyberAccess™: patient demographics, electronic health record, E-prescribing, preferred drug list support, medication possession ratio, DirectCare Pro, and integrated call center support.

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	<ul style="list-style-type: none"> • Dr. Parks highlighted some positive outcomes for integration of behavioral healthcare and primary healthcare. • Tim Swinfard, President/CEO of the Missouri Coalition of Community Mental Health Centers, presented information on the DMH NET, the care coordination and health technology initiative partnership with community mental health centers (CMHC) in the psychiatric rehabilitation affiliate programs. Goals for the program are: <ul style="list-style-type: none"> ○ Improving health and wellness for persons with mental illness. ○ Improving the use of patient and population data to facilitate efficient and effective care. ○ Improving the use of evidence-based medicine for persons with mental illness. ○ Decreasing the cost of overall healthcare for persons with mental illness. • DMH NET Strategies: <ul style="list-style-type: none"> ○ Health technology is utilized to support the service system. ○ “Care Coordination” is best provided by a local community-based provider. ○ Community Support Workers most familiar with the consumer provide care coordination at the local level. ○ Nurse Liaisons working within each provider organization provide system support. ○ Statewide coordination and training support the network of providers. • Care Coordination integrates healthcare issues into the CMHC care mechanisms: <ul style="list-style-type: none"> ○ Includes healthcare goals and healthy lifestyle goals in treatment plan ○ Identifies client’s internal healthcare expert, provides nurse healthcare liaison, and utilizes data to assure services. • Health Technology Programs: <ul style="list-style-type: none"> ○ Care Management Technologies (CMT) Programs ○ ACS-Heritage Programs ○ APS Healthcare Programs • Training and Support: <ul style="list-style-type: none"> ○ Provided 70+ trainings to 1,100+ staff ○ Held monthly nurse liaison meetings and provided technical assistance to 31 nurse liaisons ○ Contracted for data support from CNS, now CMT, managed coordination meetings with APS and ACS-Heritage ○ Coordinated custom support reporting and developed E-Learning initiatives • Statewide Information: <ul style="list-style-type: none"> ○ CMHCs have approved ten percent of healthcare home plans of care in State Medicaid program. ○ More than 35,000 patient histories have been reviewed in CyberAccess™. ○ More than 70 percent of patients have had a primary care visit within a 12-month period. ○ Review of Psychiatric Rehabilitation programs indicates substantial cost savings for overall healthcare costs. ○ CMHC nurse liaisons have participated with CMT in implementation of a diabetes pilot enhancement. • Program Enhancement: <ul style="list-style-type: none"> ○ Improve dissemination and use of Pharmacy Management information. ○ Improve Community Support Workers’ knowledge of at-risk health conditions for persons with mental illness.

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	<ul style="list-style-type: none"> ○ Improve the primary care providers' tools for providing preventative healthcare/managing chronic diseases. ○ Develop health technology tools that provide management support in reviewing use of evidence-based medicine. ○ Improve training related to the social determinants of health and promote a system built on principles of recovery. ● Missouri's Primary/Behavioral Health Care Integration Initiative Benefits: <ul style="list-style-type: none"> ○ Patients prefer it—it builds personal relationships that are the foundation of any enduring arrangement. ○ Allows more accurate understanding of each other's incentives, methods and constraints ○ Allows opportunities for informal consultation, and a single-clinical record reduces errors. ○ Improves access to primary care for people with SMI and to behavioral health services for people with previously unrecognized and/or untreated mental health problems. ○ Improves clinical care by seeing mental health as essential to overall health. ● The DMH NET/Partnership website can be accessed at http://www.dmh.mo.gov/MHMPP/MHMPP.htm
PUBLIC COMMENT	<p>The following presented public comments:</p> <ul style="list-style-type: none"> ● Joann Noll, family member with the Missouri Planning Council on Developmental Disabilities, provided comments regarding recommendations for the DMH budget on behalf of the Council. Written comments were provided. ● Tish Thomas, family member of Marshall Habilitation Center resident now living in a community setting, provided comments regarding her perspective on her years of experience with having a family member in DD services.
REAL VOICES/REAL CHOICES CONFERENCE	<p>Leigh Gibson and Lynn Carter provided an update on the Real Voices/Real Choices Consumer, Family and Youth Conference held at Tan-Tar-A Conference Center August 23-25, 2009:</p> <ul style="list-style-type: none"> ● Leigh commended the Planning Committee for their dedication and time spent planning the conference. Their first meeting to begin planning for next year's conference is October 4, 2009. ● The DMH divisions, Missouri Recovery Network, the Coalition of Community Mental Health Centers, funds provided by other programs from DMH, and other stakeholders helped make the conference a success. ● A total of 304 people attended out of 331 who registered. Leigh shared that 72 percent of attendees identified themselves as primary consumers, 10 percent identified as family members, and 18 percent identified as professionals. ● A hands-on activity was <i>Pillows of Unrest</i> that allowed attendees to create artwork on pillowcases that were donated. ● Benton Goon facilitated a session at the end of the conference that allowed attendees to share what they liked or would change at the conference. Overall, comments were very positive. Some recommendations: <ul style="list-style-type: none"> ○ Provide more time for social interaction and more round tables involving more consumers. ○ Tailor length of sessions to the topic. ○ More hands-on projects like the <i>Pillows of Unrest</i>. ● On behalf of the consumers, Leigh thanked all those who helped make the conference a success. ● Lynn Carter presented the closing remarks she gave at the end of the conference in which she shared the top ten things the consumers taught her during the conference.

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BUDGET UPDATE	<p>Jan Heckemeyer provided a handout and gave an update on the status of the budget process:</p> <ul style="list-style-type: none"> • The Office of Administration monthly revenue report showed July revenues declined 7.5 percent from revenues at that time last year. The August decline was approximately 5.5 percent. • There was a gap of about \$400 million in the revised projected revenues for FY10 and the budget that was passed by the Legislature. The Governor vetoed about \$100 million and is restricting spending to address the shortfall. • The DMH budget request for FY 2010 Supplemental and FY 2011 Operating Budget is due to OA Budget and Planning by October 1, 2009. <ul style="list-style-type: none"> ○ This year no new decision item requests are allowed without an offsetting core cut. ○ Jan reviewed the items that are on the FY 2010 Supplemental and the FY 2011 Operating Budget requests. ○ Jan noted the decision item for increased food costs at DMH facilities and a similar decision item for provider inflationary increase have been removed. Keith Schafer noted he made the decision for removal. ○ Discussion was held on the possibility of requesting a provider rate increase in case a state employee COLA was recommended by the Governor in January. Keith explained that if the Governor were to recommend a state employee COLA, he would ask for OA Budget to rethink a comparable provider rate increase. He does not expect that to happen but would commit to making that request should a COLA be made available for state employees. ○ Jan noted that DMH is not requesting General Revenue funding for the MO HealthNet/DMH Partnership Technology Initiative since the intent was for this program to be funded with Federal Budget Stabilization monies for two years.
FUTURE MEETINGS	<p>The next Mental Health Commission Meeting is scheduled for October 8, 2009 at Department of Mental Health in Jefferson City.</p>
ADJOURN	<p>Joann Leykam made a motion that the meeting adjourn. David Vlach seconded the motion. The Mental Health Commission adjourned at 2:00 p.m.</p> <p style="color: red;">Approved 10/8/09</p> <hr/> <p>Beth Viviano, Chair</p>